

Docket No. LS/0005.01



As the below named inventor(s), I/we declare that:

PTO/SB/01A (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

| This declaration is directed to: | | | | | |
|---|--|--|--|--|--|
| ☐ The attached application, or | | | | | |
| X Application No09/847,811, filed on May 1, 2001, | | | | | |
| as amended on(if applicable); | | | | | |
| I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought; | | | | | |
| I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above; | | | | | |
| I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and | | | | | |
| All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon. | | | | | |
| FULL NAME OF INVENTOR(S) | | | | | |
| Inventor one: Timothy W. Genske | | | | | |
| Signature: Citizen of: U.S. | | | | | |
| Inventor two: William G. Swinton | | | | | |
| /// | | | | | |
| Signature: Citizen of: U.S. | | | | | |
| Signature: Citizen of: U.S. Inventor three: David Vogel | | | | | |
| | | | | | |
| Inventor three: David Vogel | | | | | |
| Inventor three: David Voge1 Signature: Citizen of: U.S. | | | | | |

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Docket No. LS/0005.01

As the below named inventor(s), I/we declare that:



Suppl m ntal Sheet

PTO/SB/01A (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act \$1395, no personal required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

| This declaration is dire | ected to: | | | | | |
|---|---|------------------------|--------------------|-------------------------------------|--|--|
| | The attached appli | cation, or | | | | |
| X | Application No | 09/847,811 | , filed on | May 1, 2001, | | |
| | as amended or | ı | | (if applicable); | | |
| I/we believe that I/we which a patent is sou | | nd first inventor(s) o | f the subject r | natter which is claimed and for | | |
| | and understand the co endment specifically re | | e-identified app | olication, including the claims, as | | |
| to me/us to be mate became available be | I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National onePCT International filing date of the continuation-in-part application, if applicable; and | | | | | |
| belief are believed to false statements and | All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon. | | | | | |
| FULL NAME OF INV | ENTOR(S) | | | | | |
| Inventor five: _Eri | c O. Bodnar | | | · | | |
| Signature: | -06 | Aua_Citize | en of: U.S. | | | |
| Inventor six: | \mathcal{C} | | | | | |
| Signature: | | Citize | en of: | | | |
| Inventor seven: | | | | | | |
| Signature: | | Citiz | en of: | | | |
| Inventor eight: | | | | | | |
| Signature: | | Citiz | en of: | | | |
| Additional inventors of | e being named on | additions | I form(s) attached | | | |

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

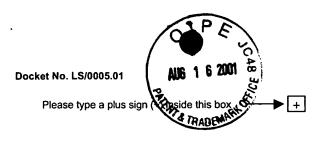
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| Attorney Docket Number | LS/0005.01 | |
|------------------------|-------------|--|
| Examiner Name | Unassigned | |
| Group Art Unit | Unassigned | |
| First Named Inventor | Genske | |
| Filing Date | May 1, 2001 | |
| Application Number | 09/847,811 | |
| | | |

| Practitioners at Customer Number 28653 | I hereby appo | int: | | | | ſ | | | |
|---|--|--|-----------------------|---------------------|---------|-------------|------------------|---------------|--|
| Practitioner(s) named below: Name | | ners at (| Customer Number | 28653 | | | Number | r Bar Code | |
| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name | | er(s) na | med below: | | | l | Label III | 676 | |
| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. | | <u> </u> | • | | | Registra | tion Numb | er | |
| Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. | John | A. Sma | art | | 34, | 929 | | - | |
| Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. | | | | | - | | | | |
| Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. | | | | | | | | | |
| Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. | L | | | | | | | | |
| Please change the correspondence address for the above-identified application to: X The above-mentioned Customer Number. OR | as my/our attori | ney(s) o | r agent(s) to prosecu | ite the application | identii | fied above, | and to trai | nsact all | |
| The above-mentioned Customer Number. OR Firm or Individual Name Address Address Address City Los Gatos Country U.S.A. Telephone (408) 395-8819 Fax (408) 490-2853 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISB/96). SIGNATURE of Applicant or Assignee of Record Name Timothy W. Genske Signature July 9, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | business in the | United | States Patent and Tr | ademark Office co | nnect | ed therewit | h. | | |
| Address Address Address 708 Blossom Hill Rd., #201 City Los Gatos State CA Zip 95032-3503 Country U.S.A. Telephone (408) 395-8819 Fax (408) 490-2853 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Timothy W. Genske Signature July 9, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | X The above- | | - | | ntified | application | to: | - | |
| Address Address Address 708 Blossom Hill Rd., #201 City Los Gatos State CA Zip 95032-3503 Country U.S.A. Telephone (408) 395-8819 Fax (408) 490-2853 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Timothy W. Genske Signature July 9, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | T | | | | | | |
| Address 708 Blossom Hill Rd., #201 City Los Gatos State CA Zip 95032-3503 Country U.S.A. Telephone (408) 395-8819 Fax (408) 490-2853 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Timothy W. Genske Signature July 9, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | ame | John A. Smart | | | | | | |
| City Los Gatos State CA Zip 95032-3503 Country U.S.A. Telephone (408) 395-8819 Fax (408) 490-2853 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Timothy W. Genske Signature July 9, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | | | |
| Country Telephone (408) 395-8819 Fax (408) 490-2853 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Timothy W. Genske Signature July 9, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | Address | | 708 Blossom Hill | Rd., #201 | | | | | |
| Telephone (408) 395-8819 Fax (408) 490-2853 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Timothy W. Genske Signature July 9, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | City | | Los Gatos | | State | CA | Zip | 95032-3503 | |
| I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Timothy W. Genske Signature July 9, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | - · · · · · · · · · · · · · · · · · · · | | U.S.A. | | | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Timothy W. Genske Signature July 9, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | Telephone | | (408) 395-8819 | | Fax | (408) 490 | -2853 | - | |
| Signature Signature Date July 9, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | | | |
| Name Timothy W. Genske Signature July 9, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | | | |
| Signature July 9, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | SIGNATURE of A | Applicant or Assign | ee of | Record | | | |
| Date July 9, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | Name | Timoth | y W. Genske | | | | · - " | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | Signature | /- // // h | | | | | | | |
| forms if more than one signature is required, see below*. | 1 | | | | | | | | |
| | NOTE: Signatures of all forms if more than one | NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple | | | | | | | |
| | | | | | | | | | |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

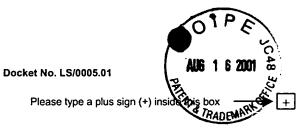
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| Attorney Docket Number | LS/0005.01 |
|------------------------|-------------|
| Examiner Name | Unassigned |
| Group Art Unit | Unassigned |
| First Named Inventor | Genske |
| Filing Date | May 1, 2001 |
| Application Number | 09/847,811 |
| | |

| I hereby appo | int: | | | | Г | | 7 |
|--|-------------------------|---|-----------------------------|--|----------------|---|-------------|
| OR | | Customer Number | 28653 | | > | Place Customer Number Bar Code Label here | |
| ☐ Practition | ner(s) na | med below: | | | | | |
| | | Name | | | | on Number | |
| John | A. Sma | art | | 34, | 929 | | |
| · | | | | ├ | | | |
| <u> </u> | | | | | - | | |
| | | <u> </u> | | 1 | | | |
| | | r agent(s) to prosecu | | | | | |
| business in the | United | States Patent and Tra | ademark Office con | necte | ed therewith | l . | |
| | | espondence address ed Customer Numbe | | ified a | application t | o: | |
| Firm or | | John A. Smart | | | | | |
| | Individual Name | | | | | | |
| Address Address | | 708 Blossom Hill | Pd #201 | | | | |
| City | | Los Gatos | | State | CA | Zip 95032-35 | 03 |
| Country | | U.S.A. | | State_ | | | |
| Telephone | | (408) 395-8819 | · [] | Fax | (408) 490- | -2853 | · · · · · · |
| I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | |
| Name | Name William G. Swinton | | | | | | |
| Signature MMMT | | | | | | | |
| Date | Date July 9, 2001 | | | | | | |
| | | itors or assignees of recor | d of the entire interest of | r their | representative | e(s) are required. Submit n | nultiple |
| Torms if more than one IXI *Total of 5 | | is required, see below*. ms are submitted. | | - | | | |
| Total OI | | mo are auditilities. | | | | | |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

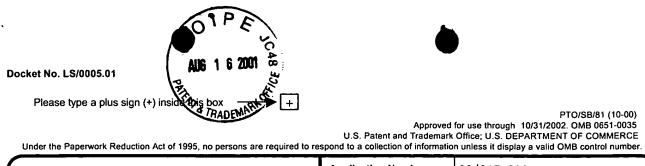
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| Application Number | 09/847,811 |
|------------------------|-------------|
| Filing Date | May 1, 2001 |
| First Named Inventor | Genske |
| Group Art Unit | Unassigned |
| Examiner Name | Unassigned |
| Attorney Docket Number | LS/0005.01 |

| I hereby appoint: | | | | |
|--|--|---|---|--|
| X Practitioners at €ORPractitioner(s) na | Customer Number 28653 amed below: | $\supset \longrightarrow \lfloor$ | Place Customer Number Bar Code Label here | |
| | Name | Registrat | tion Number | |
| John·A. Sm | art | 34,929 | | |
| | | | | |
| | | | | |
| | | | | |
| | or agent(s) to prosecute the application in States Patent and Trademark Office cor | | | |
| Please change the corr | espondence address for the above-ident ned Customer Number. | ified application | to: | |
| Firm or | | - · - · - · · · · · · · · · · · · · · · | | |
| Individual Name | John A. Smart | | | |
| Address | | | | |
| Address | 708 Blossom Hill Rd., #201 | | 1 | |
| City | | State CA | Zip 95032-3503 | |
| Country | U.S.A. | | · · · · · · · · · · · · · · · · · · · | |
| Telephone (408) 395-8819 Fax (408) 490-2853 | | | | |
| I am the: X Applicant/Invent | or. | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | |
| Name David Vogel | | | | |
| Signature | | | | |
| Date July 9 | | | | |
| NOTE: Signatures of all the invertorms if more than one signature | ntors or assignees of record of the entire interest of its required, see below*. | or their representative | e(s) are required. Submit multiple | |
| | rms are submitted. | | | |



POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| Application Number | 09/847,811 |
|------------------------|-------------|
| Filing Date | May 1, 2001 |
| First Named Inventor | Genske |
| Group Art Unit | Unassigned |
| Examiner Name | Unassigned |
| Attorney Docket Number | LS/0005.01 |

| I hereby appoint: | | | | |
|--|---|---------------------------|---|--|
| X Practitioners at 6 OR Practitioner(s) na | Customer Number 28653 amed below: | | Place Customer Number Bar Code Label here | |
| | Name | Registration | n Number | |
| John A. Sm | art | 34,929 | - | |
| | | | | |
| : | | | | |
| | | | | |
| • | or agent(s) to prosecute the application in States Patent and Trademark Office con | | d to transact all | |
| Please change the correct The above-mention | espondence address for the above-ident ned Customer Number. | ified application to: | | |
| Firm or | | | | |
| Individual Name | John A. Smart | | | |
| Address | | | | |
| Address | 708 Blossom Hill Rd., #201 | | ··· | |
| City | Los Gatos | State CA | Zip 95032-3503 | |
| Country | U.S.A. | | | |
| Telephone | (408) 395-8819 | Fax (408) 490-2 | 853 | |
| I am the: | | | | |
| X Applicant/Invent | or. | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | |
| | SIGNATURE of Applicant or Assigne | e of Record | | |
| philipp B Ivaha | | | | |
| Signature Signature | | | | |
| Date July 9 |), 2001 | | | |
| NOTE: Signatures of all the inver | ntors or assignees of record of the entire interest | or their representative(s |) are required. Submit multiple | |
| forms if more than one signature | is required, see below*. | | · | |
| ☑ *Total of5 | rms are submitted. | | | |

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| Application Number | 09/847,811 |
|------------------------|-------------|
| Filing Date | May 1, 2001 |
| First Named Inventor | Genske |
| Group Art Unit | Unassigned |
| Examiner Name | Unassigned |
| Attorney Docket Number | LS/0005.01 |

| I hereby appoint: | | | | |
|--|--|---------------------------|-------------------------------|--|
| | | | | |
| Traditionar(a) tra | Name | Registration | Number | |
| John A. Sma | | 34,929 | | |
| | | | | |
| | | | | |
| | | | | |
| | r agent(s) to prosecute the application ic States Patent and Trademark Office con | | d to transact all | |
| X The above-mention | espondence address for the above-identi ed Customer Number. | fied application to: | | |
| OR | | • | | |
| Firm or Individual Name | John A. Smart | | | |
| Address | | | | |
| Address | 708 Blossom Hill Rd., #201 | | | |
| City | Los Gatos | State CA | Zip 95032-3503 | |
| Country | U.S.A. | | | |
| Telephone (408) 395-8819 Fax (408) 490-2853 | | | | |
| I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | |
| Name Eric O. Bodnar | | | | |
| Signature C. C. Hordina | | | | |
| Date July 9, 2001 | | | | |
| NOTE: Signatures of all the inver forms if more than one signature | tors or assignees of record of the entire interest of is required, see below*. | r their representative(s) | are required. Submit multiple | |
| | ms are submitted. | | | |